

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
DNC Services Corp./Dem. Nat'l Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Marian Charles

Mailing Address PO Box 76

City  
Willow

State  
AK

Zip Code  
99688-0076

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D20173

Date of Disbursement

/   /

Amount of Each Disbursement this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Marian Charles

Mailing Address PO Box 76

City  
Willow

State  
AK

Zip Code  
99688-0076

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D20174

Date of Disbursement

/   /

Amount of Each Disbursement this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Marian Charles

Mailing Address PO Box 76

City  
Willow

State  
AK

Zip Code  
99688-0076

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D20175

Date of Disbursement

/   /

Amount of Each Disbursement this Period

100.00

**SUBTOTAL** of Disbursements This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....